

FIG. 1

1/6

100

101	<p>① 122</p> <p>NAME _____ ARRIVAL TIME _____</p> <p>ADDRESS CHANGE? <input type="checkbox"/></p> <p>PHYSICIAN _____ INSURANCE CHANGE? <input type="checkbox"/></p>	<p>⑪</p> <p>NAME _____ ARRIVAL TIME _____</p> <p>ADDRESS CHANGE? <input type="checkbox"/></p> <p>PHYSICIAN _____ INSURANCE CHANGE? <input type="checkbox"/></p>	111
102	<p>②</p> <p>NAME _____ ARRIVAL TIME _____</p> <p>ADDRESS CHANGE? <input type="checkbox"/></p> <p>PHYSICIAN _____ INSURANCE CHANGE? <input type="checkbox"/></p>	<p>⑫</p> <p>NAME _____ ARRIVAL TIME _____</p> <p>ADDRESS CHANGE? <input type="checkbox"/></p> <p>PHYSICIAN _____ INSURANCE CHANGE? <input type="checkbox"/></p>	112
103	<p>③</p> <p>NAME _____ ARRIVAL TIME _____</p> <p>ADDRESS CHANGE? <input type="checkbox"/></p> <p>PHYSICIAN _____ INSURANCE CHANGE? <input type="checkbox"/></p>	<p>⑬</p> <p>NAME _____ ARRIVAL TIME _____</p> <p>ADDRESS CHANGE? <input type="checkbox"/></p> <p>PHYSICIAN _____ INSURANCE CHANGE? <input type="checkbox"/></p>	113
104	<p>④</p> <p>NAME _____ ARRIVAL TIME _____</p> <p>ADDRESS CHANGE? <input type="checkbox"/></p> <p>PHYSICIAN _____ INSURANCE CHANGE? <input type="checkbox"/></p>	<p>⑭</p> <p>NAME _____ ARRIVAL TIME _____</p> <p>ADDRESS CHANGE? <input type="checkbox"/></p> <p>PHYSICIAN _____ INSURANCE CHANGE? <input type="checkbox"/></p>	114
105	<p>⑤</p> <p>NAME _____ ARRIVAL TIME _____</p> <p>ADDRESS CHANGE? <input type="checkbox"/></p> <p>PHYSICIAN _____ INSURANCE CHANGE? <input type="checkbox"/></p>	<p>⑮</p> <p>NAME _____ ARRIVAL TIME _____</p> <p>ADDRESS CHANGE? <input type="checkbox"/></p> <p>PHYSICIAN _____ INSURANCE CHANGE? <input type="checkbox"/></p>	115
106	<p>⑥</p> <p>NAME _____ ARRIVAL TIME _____</p> <p>ADDRESS CHANGE? <input type="checkbox"/></p> <p>PHYSICIAN _____ INSURANCE CHANGE? <input type="checkbox"/></p>	<p>⑯</p> <p>NAME _____ ARRIVAL TIME _____</p> <p>ADDRESS CHANGE? <input type="checkbox"/></p> <p>PHYSICIAN _____ INSURANCE CHANGE? <input type="checkbox"/></p>	116
107	<p>⑦</p> <p>NAME _____ ARRIVAL TIME _____</p> <p>ADDRESS CHANGE? <input type="checkbox"/></p> <p>PHYSICIAN _____ INSURANCE CHANGE? <input type="checkbox"/></p>	<p>⑰</p> <p>NAME _____ ARRIVAL TIME _____</p> <p>ADDRESS CHANGE? <input type="checkbox"/></p> <p>PHYSICIAN _____ INSURANCE CHANGE? <input type="checkbox"/></p>	117
108	<p>⑧</p> <p>NAME _____ ARRIVAL TIME _____</p> <p>ADDRESS CHANGE? <input type="checkbox"/></p> <p>PHYSICIAN _____ INSURANCE CHANGE? <input type="checkbox"/></p>	<p>⑱</p> <p>NAME _____ ARRIVAL TIME _____</p> <p>ADDRESS CHANGE? <input type="checkbox"/></p> <p>PHYSICIAN _____ INSURANCE CHANGE? <input type="checkbox"/></p>	118
109	<p>⑨</p> <p>NAME _____ ARRIVAL TIME _____</p> <p>ADDRESS CHANGE? <input type="checkbox"/></p> <p>PHYSICIAN _____ INSURANCE CHANGE? <input type="checkbox"/></p>	<p>⑲</p> <p>NAME _____ ARRIVAL TIME _____</p> <p>ADDRESS CHANGE? <input type="checkbox"/></p> <p>PHYSICIAN _____ INSURANCE CHANGE? <input type="checkbox"/></p>	119
110	<p>⑩</p> <p>NAME _____ ARRIVAL TIME _____</p> <p>ADDRESS CHANGE? <input type="checkbox"/></p> <p>PHYSICIAN _____ INSURANCE CHANGE? <input type="checkbox"/></p>	<p>⑳</p> <p>NAME _____ ARRIVAL TIME _____</p> <p>ADDRESS CHANGE? <input type="checkbox"/></p> <p>PHYSICIAN _____ INSURANCE CHANGE? <input type="checkbox"/></p>	120

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[illegible]

LOG BOOK

CONFIDENTIAL SIGN-IN SYSTEM

PRACTICE NAME: _____

DATE FROM: _____

DATE TO: _____

FIG. 2A

INSTRUCTIONS FOR USING THE CONFIDENTIAL SIGN-IN SYSTEM

- 201 ☐ WRITE DATE IN UPPER CORNER OF THE PAGE BEING USED IN THE "PATIENT SIGN-IN LOG".
- 202 ☐ PLACE A SHEET OF "PATIENT SIGN-IN LABELS" ON CLIPBOARD AND PUT AT FRONT DESK, OR WHEREVER A SIGN-IN SHEET HAS BEEN PUT IN THE PAST.
- 203 ☐ PEEL LABELS FROM THE SHEET IMMEDIATELY AFTER EACH PATIENT SIGNS IN, AND TRANSFER TO THE "PATIENT SIGN-IN LOG". (BE SURE TO NOTE THAT THERE ARE NUMBERS ON BOTH THE LABELS AND THE SPACES ON THE LOG. THE LABEL NUMBERED 1 SHOULD BE PLACED IN THE SPACE NUMBERED 1, AND SO ON DOWN THE PAGE.)
- 204 ☐ MORE THAN ONE PAGE CAN BE USED FOR ANY ONE DAY. ALWAYS FILL OUT THE DATE AT THE TOP OF THE LOG SHEET.
- 205 ☐ IF A LABEL NEEDS TO BE REWRITTEN, WRITE "VOID" IN THE LOG IN THE APPROPRIATE SPACE, OR WRITE "VOID" ON THE LABEL AND TRANSFER TO THE CORRESPONDING SPACE IN THE LOGBOOK.

RECOMMENDED PROCEEDURE

- 206 ☐ IF LABELS ARE LEFT ON THE SHEET AT THE END OF THE DAY, IT IS IMPORTANT THAT THE SHEET OF REMAINING LABELS BE DESTROYED. USE A NEW SHEET OF LABELS FOR EVERY NEW DAY.
- 207 ☐ ALWAYS USE A NEW PAGE IN THE LOG FOR A NEW DAY AND START A NEW SHEET OF LABELS FOR EACH NEW DAY. THIS WILL ALLOW FOR ACCURATE ACCOUNTING OF THE NUMBER OF PATIENTS SEEN ON ANY PARTICULAR DAY.

OR208 ALTERNATE METHOD #1

- ☐ DO NOT DESTROY REMAINING LABELS AT END OF DAY. START NEXT DAY WHERE YOU STOPPED THE DAY BEFORE, STAYING IN SEQUENCE. MAKE A MARK IN THE LOGBOOK TO INDICATE THE END OF ONE DAY AND THE START OF THE NEW DAY, NOTING THE NEW DATE IN THE MARGIN. (I.E. IF THERE ARE ONLY 12 PATIENTS ONE DAY, YOU CAN START THE NEXT DAY USING LABEL #13, IN SPACE #13, MAKING A NOTICEABLE MARK TO INDICATE THE START OF THE NEXT DAY.)

OR209 ALTERNATE METHOD #2

- ☐ DO NOT DESTROY REMAINING LABELS AT END OF DAY. START NEXT DAY ON A NEW PAGE IN THE LOGBOOK, INDICATING THE NEW DATE IN THE SPACE PROVIDED, BUT PUT LABEL IN THE APPROPRIATELY NUMBERED SPACE (I.E. LABEL #13 GOES IN SPACE #13, JUST ON A NEW LOG PAGE).

FIG. 2B

FIG. 3A

300DATE _____
326

① PLACE PATIENT NAME LABEL HERE 322 306	⑥ PLACE PATIENT NAME LABEL HERE
② PLACE PATIENT NAME LABEL HERE 307	⑦ PLACE PATIENT NAME LABEL HERE
③ PLACE PATIENT NAME LABEL HERE 308	⑧ PLACE PATIENT NAME LABEL HERE
④ PLACE PATIENT NAME LABEL HERE 309	⑨ PLACE PATIENT NAME LABEL HERE
⑤ PLACE PATIENT NAME LABEL HERE 310	⑩ PLACE PATIENT NAME LABEL HERE

DATE _____
326

⑪ PLACE PATIENT NAME LABEL HERE 322	⑫ PLACE PATIENT NAME LABEL HERE 311	316
⑬ PLACE PATIENT NAME LABEL HERE	⑭ PLACE PATIENT NAME LABEL HERE 312	317
⑮ PLACE PATIENT NAME LABEL HERE	⑯ PLACE PATIENT NAME LABEL HERE 313	318
⑰ PLACE PATIENT NAME LABEL HERE	⑱ PLACE PATIENT NAME LABEL HERE 314	319
⑲ PLACE PATIENT NAME LABEL HERE	⑳ PLACE PATIENT NAME LABEL HERE 315	320

FIG. 3B

328-2

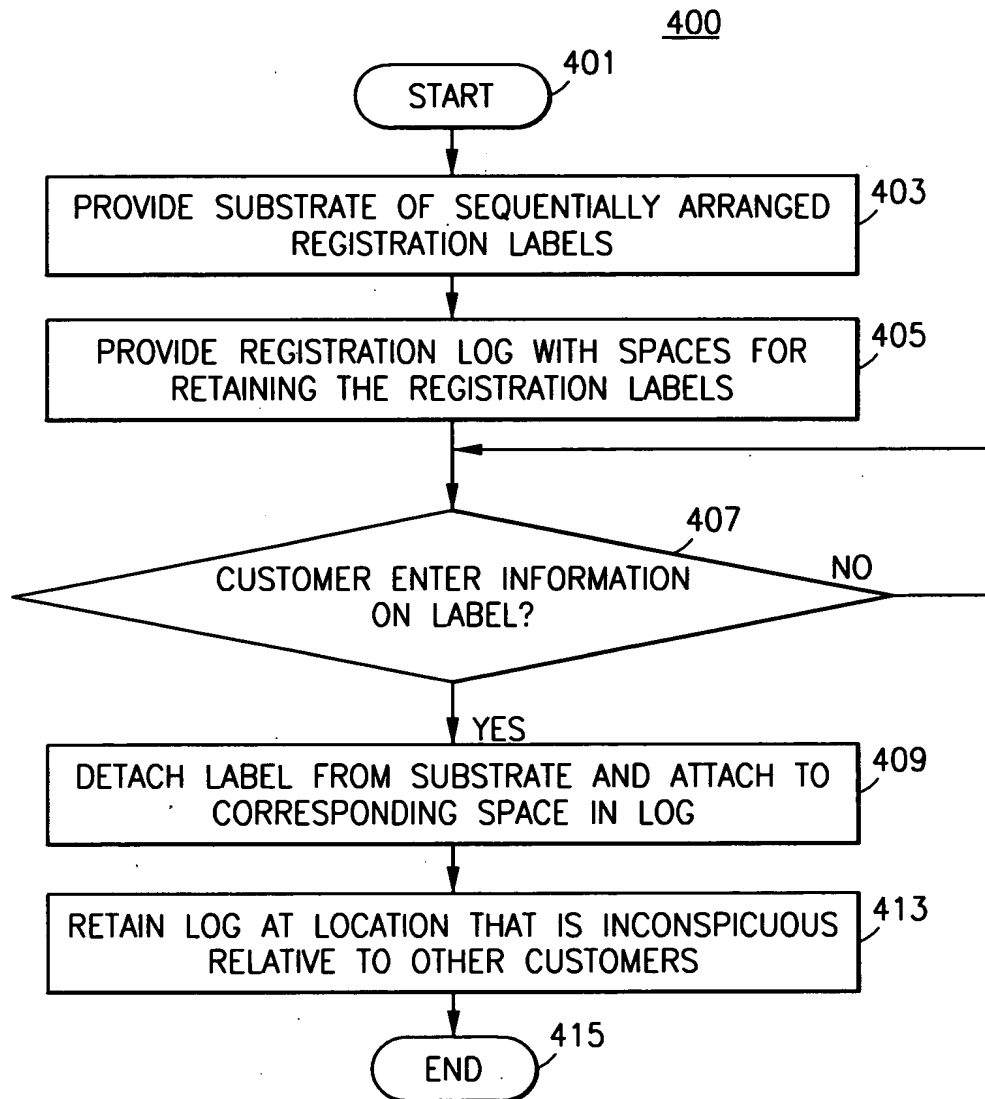


FIG. 4